

# Many At-Risk Women Aren't Opting for Tamoxifen

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SAN ANTONIO — Lifestyle approaches to breast cancer risk reduction have assumed considerable importance for the many women who have turned a cold shoulder to tamoxifen for chemoprevention, according to Leslie Bernstein, Ph.D., professor of preventive medicine at the University of California, Los Angeles.

"In my discussions with colleagues, word of mouth is that women are not flocking to take tamoxifen to reduce their high risk of breast cancer," she observed at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

This anecdotal impression is borne out by the recent literature. In three of four studies of tamoxifen's acceptance for prevention of breast cancer by high-risk women after counseling about the extent of their risk and the pluses and minuses of tamoxifen, only 3%-15% of candidates

opted for therapy, although in another study the rate was 42%.

A recent report by Debora A. Paterniti, Ph.D., and coworkers at the University of California, Davis, Center for Health Services Research in Primary Care provides insight into why so many eligible women are unwilling to take tamoxifen for chemoprevention. In focus groups involving ethnically diverse populations of women at substantially increased risk for breast cancer, the investigators found that

participants were actually less inclined to take tamoxifen after receiving a standardized educational intervention. They were leery of taking a drug for 5 years to protect against a disease they might not develop. They were also quite concerned about tamoxifen's potentially serious side effects. And they were uneasy about the reliability of scientific studies (Ethn. Dis. 2005;15:365-72).

"It doesn't make you very heartened about the research we do, since we seem

to have great confidence in what we're doing," Dr. Bernstein commented.

The women felt they had nonpharmacologic options to reduce their breast cancer risk. They cited early detection, faith, diet, and complementary and alternative therapies.

"When I see the other options they list, it makes me realize that we have a long way to go to educate women about what other options might actually be available to them," Dr. Bernstein said. ■

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mimic pregnancy hormonally. "It will involve a short-term exposure, not 5 years like tamoxifen. But will women be more likely to accept these means of prevention than they would tamoxifen, raloxifene, or aromatase inhibitors?" she wondered.

Turning to obesity, Dr. Bernstein noted it has been shown to be a major risk factor for breast cancer, but only in obese postmenopausal women—and in her own studies, only in those obese postmenopausal women who have a family history of breast cancer in a first-degree relative. In one recent study, investigators estimated the population-attributable risk of obesity to breast cancer at 7.6% in the United States. In 1999-2000, the prevalence of obesity in women was 33%.

Regarding the potential for dietary interventions for breast cancer risk reduction, Dr. Bernstein said that most hypotheses in this area have not panned out. "It may be that diet [is important] at a young age, and we've been studying the wrong diets in cohort studies 6, 8, and 10 years before the event," she said. "It may also be that the impact of diet is small and not detectable."

However, a study by her USC colleague Anna Wu, Ph.D., points to green tea consumption as a potential risk reduction intervention. Dr. Wu's population-based, case-control study of breast cancer in Asian American women in Los Angeles showed a dose-response effect, with voracious green tea drinkers having roughly a 50% lower risk of developing breast cancer than women who did not drink the beverage regularly (Int. J. Cancer 2003;106:574-9).

The plausibility of such an effect is supported by favorable mechanistic in vitro and animal studies involving epigallocatechin-3-gallate, believed to be one of the major biologically active components present in green but not black tea.

Soy intake was also associated with reduced breast cancer risk in Dr. Wu's study, but mainly in those who consumed it heavily in adolescence. ■

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